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I spent most of my life professionally dealing with what used to be called handicapped children; most recently they are called children with special needs. This lecture is included in the archive to show the scope of the work of the Surgeon General, but also to point out specifically that attention to the handicapped should be more than one day or one week a year.

I announced at the outset that my talk would be in two parts – a short message, which was that I was delighted to be there, but not delighted when and if it is considered to be nothing more than a one time annual event.

My second message began with history; specifically that the revised Rehabilitation Act became Public Law 93-112 on September 26, 1973. It was to "Promote and expand employment opportunities in the public and private sectors for handicapped individuals and to place such individuals in employment". I thought that indicated that the nation ought to place its emphasis on "serving first those with the most severe handicaps, so that they may prepare for and engage in gainful employment."

The very last sentence of the law, which is quoted on page 4 of this lecture, was very direct and exciting. Nevertheless, it took 4 years before the final regulations following that law were published. While Section 504 was only one brief sentence in the 1973 law, its implementation regulation occupied 24 pages in the May 4, 1977 edition of the Federal Register.

I then gave three case histories of people who had benefited from such a law and regulation. They were self-explanatory.

The next point in history was at PL 93-112 and was followed by the equally important "Education for Handicapped Children Act of 1975." These new laws, plus the enlightenment and good will of many school and college administrators gave more and more handicapped young people the best education and the most education that they could absorb.

Evidence of this is found in the "American Freshmen: National Norms" survey. This was a 20 year-old process and in the fall of 1978, one new important question was added: it asked the entering freshmen if they were disabled. The results in 1978 indicated that less than 3 per cent of

those first-time, full-time Freshmen were disabled – that was an estimate of 28,000 young men and women who considered themselves disabled in some way... missing limbs, being deaf, having impaired vision, and so on.

That same question has been asked ever since, and in 1985, 8 per cent of all first-time, full-time freshmen described themselves as disabled, which translated into 77,000 disabled students, or three times what it was in 1978. That's progress.

I then broke down the statistics and gave some specifics, ending up with the thought that we wanted to recruit the very best people that we could for medical and health disciplines (remember, I was speaking at NIH). My real concern is that as the best came through would we be ready for them? Would we be in step with history? Or would history take us by surprise and then pass us by? I then got specific about NIH and physicians and nurses in particular. Four per cent of physicians and three per cent of nurses could be considered severely disabled. So that put NIH just about where the colleges were – 10 years prior. To say it another way, we hadn't felt the full effect of Section 504.

I made it very clear that this type of study was important and that I wanted the Public Health Service to say that we had good jobs for these disabled folks and we welcomed them to our organization as we welcomed anyone who was smart and who wanted to work. I congratulated NIH for what they had done thus far, but felt that the Public Health Service was still very lean as far as its record was concerned.

I ended with plea for better and further recruitment.